Investing in Your Community's Youth:

An Introduction to the *Communities That Care* System

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By investing in the *Communities That Care* prevention-planning system, you're joining communities across the nation that have successfully come together to promote the positive development of children and youth and prevent problem behaviors, including substance use, delinquency, teen pregnancy, school drop-out and violence.

Communities like yours have been energized… empowered… and transformed by the proven-effective strategies and programs developed through the *Communities That Care* system.

It's an investment in your community's future, and it starts right here.

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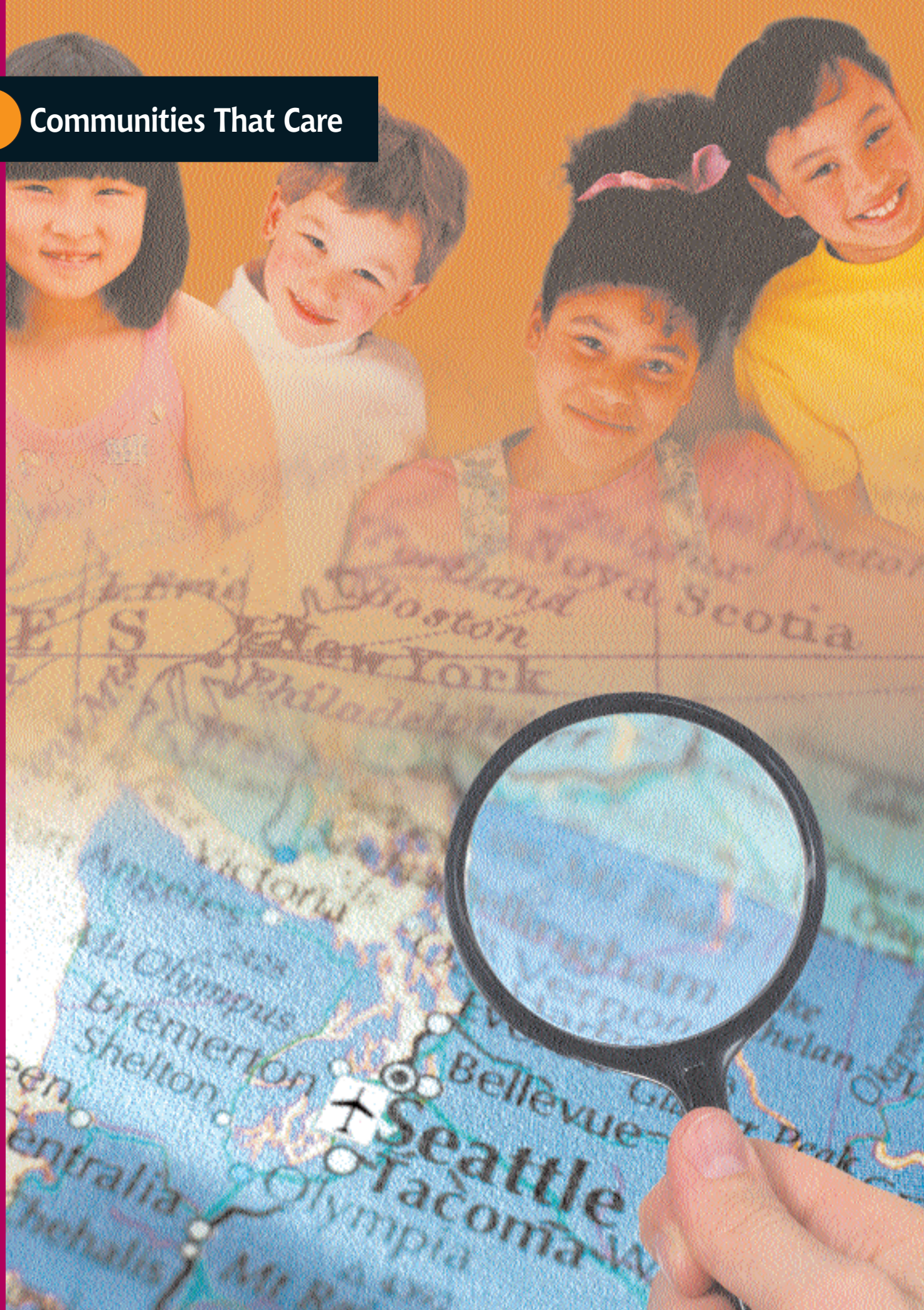
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2005 Edition

This guide provides an overview of the *Communities That Care* system, a framework for helping communities build positive, healthy futures for their youth.

In this guide, you'll find information about critical pieces of the *Communities That Care* system:

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- The Public Health Approach— A Community-Wide Approach to Prevention

- Research-Based Predictors of Problem Behaviors and Positive Youth Outcomes: Risk and Protective Factors

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Assessing the Effectiveness of the System

—Evidence of effectiveness collected by communities and government agencies.

What It Is

A community-wide initiative for the benefit of your community's youth

The *Communities That Care* system provides strategic consultation, training and research-based tools

to help your community work together to:

- promote the positive development of children and youth

- prevent adolescent problem behaviors—including alcohol and other drug use, delinquency, teen pregnancy, dropping out of school and violence.

The *Communities That Care* system is based on successful public health models

of community action. The *Communities That Care* system has been designed to guide communities through the five most critical and challenging steps in this process, from community mobilization (on the right) through outcomes evaluation.

Awareness

Education

Outcomes Evaluation

HEALTHY COMMUNITIES

Community Mobilization

Program Implementation

Needs Assessment

Prevention Plan Development

What It Is

The *Communities That Care* system is:

Inclusive

It involves all parts of the community in promoting healthy development.

Proactive

It targets predictors of problems, rather than waiting until the problems themselves occur.

It identifies and addresses priority predictors specific to your community, to promote positive development before young people become involved in problem behaviors.

Grounded in rigorous research from a variety of fields

- public health
- psychology
- education
- sociology
- social work
- criminology
- medicine
- organizational development.

Customized to your community

The *Communities That Care* system is not a "cookie cutter" approach. Each community:

- uses its own data-based community profile

- develops a focused, long-range community action plan for building on existing resources and filling any gaps with new resources

- chooses tested, effective programs, policies and practices that fit its profile, to fill identified gaps.

The *Communities That Care* system helps communities:

Identify and address readiness issues
—potential obstacles to a successful community-wide prevention effort.

Organize and involve all community members who have a stake in healthy futures for young people,
by bringing together representation from all of those stakeholders, including:

- elected officials
- youth
- parents
- law enforcement
- schools
- public health officials
- agencies and organizations serving local youth and families
- the faith community
- the business community
- residents.

Bring together diverse community efforts
that address youth and family issues, by establishing a shared vision, a common language and a collaborative approach to planning and implementing needed changes.

Set priorities for action
based on a data-based profile of community strengths and challenges.

Strengthen funding applications,
using a community profile that pinpoints the community's specific needs.

Define clear, measurable outcomes
that can be tracked over time to show progress and ensure accountability.

Identify gaps
in how priorities are currently addressed by community resources.

Select tested, effective programs, policies and practices
to fill any gaps.

Evaluate progress
toward desired outcomes.

The *Communities That Care* system is a community action model, based on years of research and continuous improvement, that:

Takes a systematic approach to community building
—all parts of the community are involved (including those with control of resources and those who know how to implement programs), and gaps in existing community efforts and resources are identified. This means the community's financial and other resources are used more efficiently.

Focuses both on *promoting* positive youth development and on *preventing* problem behaviors
—community needs are identified by assessing *predictors* both of problem behaviors and of positive youth outcomes: *risk and protective factors* that have been identified in longitudinal research across a number of fields.

Helps communities collect the right data
—by focusing on both risk and protective factors, to create a community profile of these identified predictors.

Helps communities prioritize predictors
based on the community profile.

Matches prioritized predictors to tested, effective programs, policies and practices
that have proven their ability to affect these predictors.

Helps communities implement and evaluate a community action plan, which increases accountability.

The Research Foundation

One of the hallmarks of the *Communities That Care* system is that it's grounded in rigorous research from a variety of disciplines. The primary areas of research that form the foundation are:

- the public health approach—a comprehensive, community-wide approach

- demonstrated predictors of problem behaviors and positive youth outcomes—risk and protective factors

     —*the Social Development Strategy*

     —*risk factors*

- tested, effective programs, policies and practices.

The Public Health Approach—A Community-Wide Approach to Prevention

Research in the public health field has shown the effectiveness of a community-wide approach to public health problems.

Heart disease, breast cancer and drunk driving have all been addressed by involving the entire community to promote behavior change. This comprehensive approach has proven successful in changing attitudes and behavior, where other methods have had limited success.

## A comprehensive prevention approach: the heart disease model

Heart disease has been attacked on many fronts:

Grocery stores and restaurants offer "low-fat, heart-healthy" foods.

Buildings, restaurants and workplaces are often smoke-free.

Gyms, jogging tracks and aerobics classes are more available and more popular.

School programs include life skills topics to help prevent disease.
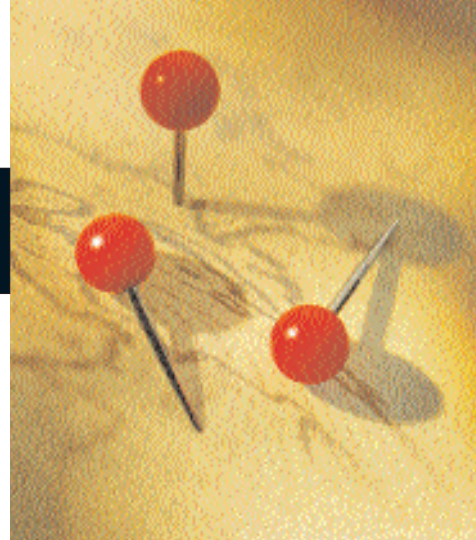
Recognizing that no single entity can ensure the positive development of all of a community's young people, the *Communities That Care* system involves all segments of the community in promoting the positive development of young people—including youth, parents, local government, law enforcement, education, faith community, business community, and providers of recreation, health, mental-health and social services.

Research has proven that a community-wide approach is effective because it:

Affects the entire social environment

A community-wide approach focuses on both:

- influencing values, practices and policies that promote a safe and healthy community

- changing the conditions that put children at risk for adolescent health and behavior problems.

Develops a broad base of support and teamwork

Because all segments of the community are involved:

- Everyone has a part to play.

- No single organization, strategy, person or institution must address the challenges alone.

Brings long-lasting results

Programs, policies and practices are integrated into services and activities of existing organizations and institutions, which:

- establishes positive youth development and prevention as an important part of the community's mission

- broadens the community's ability to mount a successful initiative, because funding can be broadened beyond a single agency or organization.

Research-Based Predictors of Problem Behaviors and Positive Youth Outcomes: Risk and Protective Factors

Grounded in the public health approach

Like the community-wide approach, the use of data-based predictors of problem behaviors and positive youth outcomes—risk and protective factors—is also grounded in the successful public health prevention model.

Predictors and prevention: the heart disease model

Americans of all ages can now list many of the risk factors for heart disease: smoking, a high-fat diet, high blood pressure, obesity and a family history of heart disease.
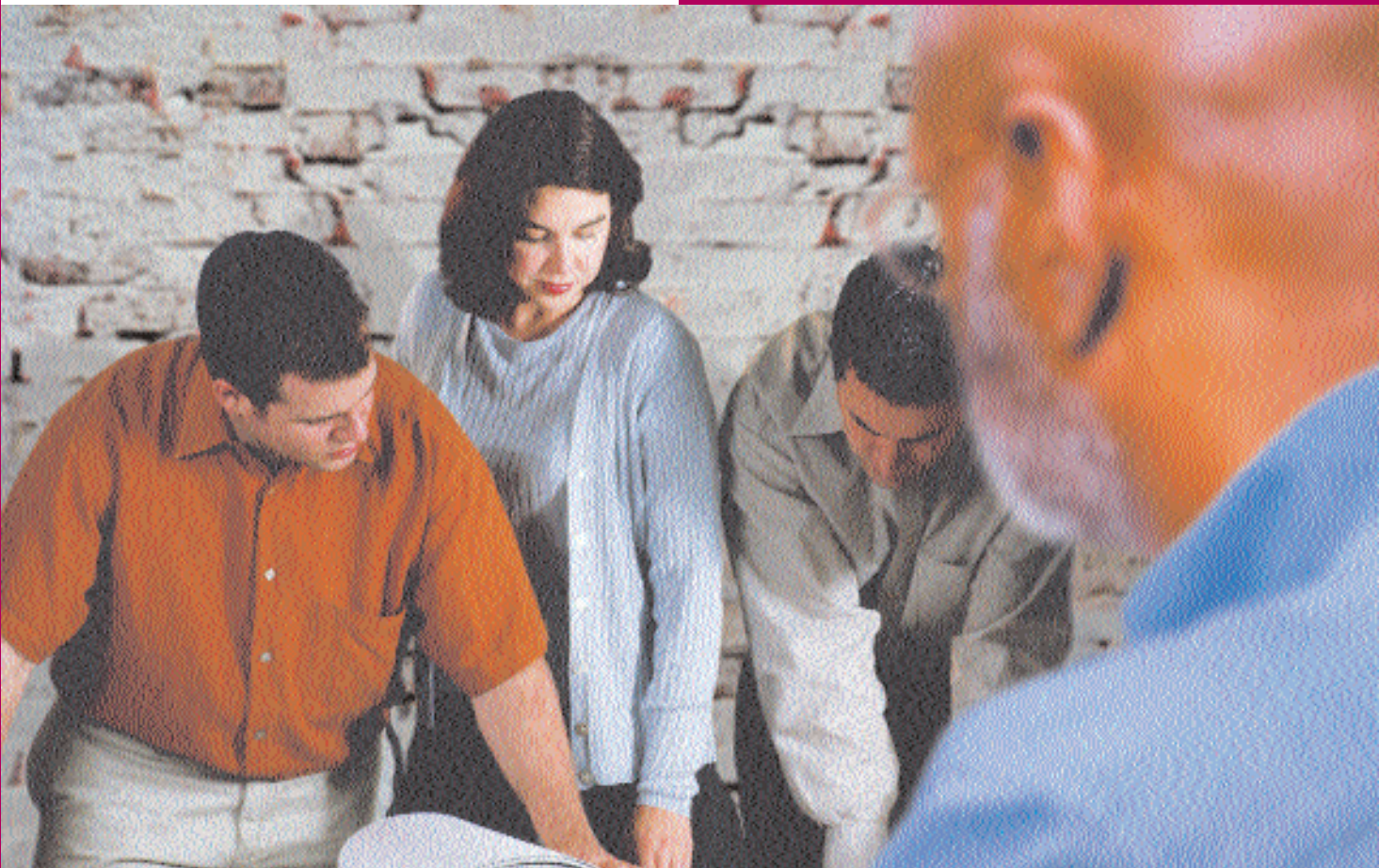
The Social Development Strategy

The Social Development Strategy (SDS) organizes the research on protective factors—the factors that can buffer young people from risks and promote positive youth development.

The Social Development Strategy guides communities toward their vision of positive futures for young people.

It begins with the goal of healthy, positive behaviors for young people.

It provides a research-based framework for developing the processes necessary for positive youth development, even in the presence of risk.

Protective factors that buffer young people from exposure to risks

Healthy beliefs and clear standards for behavior
—communicated by families, schools, communities and peer groups

Bonding
—strong, attached relationships with adults who hold healthy beliefs and clear standards for young people, and an investment in positive lines of action such as school, service and work

Individual characteristics
—such as a positive social orientation, high intelligence and a resilient temperament

Communities That Care

The goal…
Healthy behaviors
for all children and youth

Start with…
Healthy beliefs & clear standards
…in families, schools, communities and peer groups

Build…
Bonding
■ **Attachment**   ■ **Commitment**
…to families, schools, communities and peer groups

By providing…
Opportunities

By providing…
Skills

By providing…
Recognition

…in families, schools, communities and peer groups

And by nurturing…
Individual characteristics

To develop healthy, positive behaviors, young people must be immersed in environments that:

Consistently communicate healthy beliefs and clear standards for behavior

The *Communities That Care* system involves all community stakeholders in identifying standards for behavior that can help young people avoid problem behaviors and become healthy, productive citizens. People must then communicate those healthy beliefs and clear standards in all areas of a young person's life—at home, at school and in the community.

Foster the development of strong bonds to those who hold healthy beliefs and clear standards in their families, schools and communities

Children who have these bonds are more likely to follow the beliefs and standards these groups hold.

Research shows that a child living in a high-risk environment can be protected from problem behaviors by a strong, affectionate relationship with an adult who cares about, and is committed to, his or her healthy development. This can be any caring adult—a parent, a teacher, an extended family member, a coach, an employer or an adult from the child's faith community. The most important part of this relationship is that the youth has a long-term investment in it, that he or she believes the relationship is worth protecting, and so is motivated to follow the healthy beliefs and clear standards held by the person.

So what creates these protective bonds?

- There must be **opportunities** for young people to be involved in their families, schools and communities in meaningful, developmentally appropriate ways—to make a real contribution and feel valued for their efforts and accomplishments.

- For young people to take advantage of those opportunities, they need the social, cognitive, emotional and behavioral **skills** to be successful.

- Finally, young people need **recognition** for their involvement. They also need corrective feedback when their performance is not up to standards. Recognition and corrective feedback provide the motivation to continue to contribute.

Recognize the individual characteristics of each young person

Certain characteristics that some children come into the world with (positive social orientation, resilient temperament and high intelligence) can help protect children from risk.

For children who do not have the protective advantages of these characteristics, in order to build strong bonds to family, school and community, it is even more important for community members to:

- make extra efforts to provide opportunities for involvement

- teach the social, emotional and cognitive skills needed to be successful

- recognize children's efforts as well as their successes.

The Social Development Strategy must be woven into all areas of youth development in the community:

Individual relationships,
where adults can serve as healthy role models for youth and provide them with opportunities and recognition for positive social involvement.

Youth-servicing organizations and programs,
which can provide youth with *opportunities* to interact with adults and peers who have positive social values, *skills* to successfully take part in those opportunities and *recognition* for their involvement.

All segments of the community,
which can establish healthy beliefs and clear standards through clear and consistent laws, values, policies and practices—for adult and youth behavior.

Risk Factors

Risk factors are conditions that increase the likelihood that children will become involved in problem behaviors in adolescence and young adulthood.

Research has identified 20 risk factors that can reliably predict these five adolescent problem behaviors: alcohol and other drug use, delinquency, dropping out of school, teen pregnancy and violence. These risk factors are based on a review of over 30 years of research across a variety of disciplines and are subject to the most rigorous research criteria. Risk factors must have been shown, in multiple longitudinal studies, to be reliable predictors of one of the five adolescent problem behaviors. The chart on the following page shows the 20 risk factors and the problem behaviors they predict.

The *Communities That Care* system provides tools for **measuring** levels of risk factors, **selecting** priority risk factors on which to focus a strategic plan and **tracking** progress toward desired changes in those risk factors.

Communities That Care

Risk Factors   Adolescent Problem Behaviors

Risk Factors	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Community					
Availability of drugs	●				●
Availability of firearms		●			●
Community laws and norms favorable toward drug use, firearms, and crime	●	●			●
Media portrayals of violence					●
Transitions and mobility	●	●		●	
Low neighborhood attachment and community disorganization	●	●			●
Extreme economic deprivation	●	●	●	●	●
Family					
Family history of the problem behavior	●	●	●	●	●
Family management problems	●	●	●	●	●
Family conflict	●	●	●	●	●
Favorable parental attitudes and involvement in the problem behavior	●	●			●
School					
Academic failure beginning in late elementary school	●	●	●	●	●
Lack of commitment to school	●	●	●	●	●
Peer and Individual					
Early and persistent antisocial behavior	●	●	●	●	●
Rebelliousness	●	●		●	
Friends who engage in the problem behavior	●	●	●	●	●
Gang involvement	●	●			●
Favorable attitudes toward the problem behavior	●	●	●	●	
Early initiation of the problem behavior	●	●	●	●	●
Constitutional factors	●	●			●

Risk and Protective Factors—Generalizations from the Research

Understanding and identifying risk and protective factors helps communities understand what they should do to prevent problem behaviors and promote healthy development.

Risk and protective factors exist in all areas of children's lives.

Efforts should focus on reducing risk and enhancing protection in all of these domains of socialization: the community, families, schools, and within the individual and his or her peer group.

Common risk and protective factors predict diverse problem behaviors.

Implementing risk- and protection-focused programs and services can have positive effects on multiple problem behaviors. For example, *academic failure beginning in late elementary school* (as shown on the risk factor chart) is predictive of all five problem behaviors. Implementing a tested, effective program to address this risk factor can be expected to produce long-term reductions in all of these problem behaviors.

Risk and protective factors can be present across development.

They can be present from before birth through adolescence. Different risk factors first become noticeable at different points during development.

The more risk factors present, the greater the chance of problem behaviors—the more protective factors, the less chance.

Exposure to a greater number of risk factors dramatically increases a young person's risk of getting involved in problem behaviors. For programs and services to have the greatest impact, they must reach those young people exposed to the greatest number of risk factors and fewest protective factors.

Risk factors are buffered by protective factors.

Enhancing protective factors helps communities promote positive youth development even in the face of risk.

Risk and protective factors work similarly across racial groups.

While levels of risk and protection may vary, the *effect* of risk and protection is similar—regardless of race.

Both risk and protective factors should be addressed in prevention efforts.

Communities That Care

Tested, Effective Programs, Policies and Practices

The final research foundation for the *Communities That Care* system is tested, effective programs, policies and practices.

The *Communities That Care Prevention Strategies Guide* is a tool to help you identify tested, effective programs that meet your community's unique prevention needs. Every program in the Guide addresses one or more risk or protective factors, and has been found in high-quality evaluations to effectively reduce substance abuse, delinquency, teen pregnancy, school drop-out and/or violence.

The Guide includes programs and strategies from before birth through adolescence and in all areas of young people's lives. The chart below provides examples of the types of programs and strategies you will find in the guide.

Family	School	Individual	Community
Prenatal and Infancy Programs	Organizational Change in Schools	Healthy Lifestyles Programs	After-School Recreation Programs
Early Childhood Education	Classroom Organization, Management and Instructional Strategies	Individually Tailored Interventions	Job Skills Training
Parent Training	Classroom Curricula for Social and Emotional Competence Promotion	Mentoring	Environmental Strategies (such as community mobilization, community/school policies and law enforcement strategies)
Family Therapy	School Behavior Management Strategies		

The *Community Planning Training* (in Phase Four of the *Communities That Care* system) helps communities plan how they will prevent problem behaviors by matching tested, effective strategies to their risk and protection profile.

Case Study: Addressing Family Risk Factors

Anytown County has identified **family management problems** and **favorable parental attitudes and involvement in the problem behavior** as two of its priority risk factors. Here is a sampling of programs in the *Communities That Care Prevention Strategies Guide* that address these risk factors and the problem behaviors they predict:

Guiding Good Choices—A Families That Care program
(formerly called *Preparing for the Drug-Free Years*)

A drug-prevention program for parents of children in the late-elementary- and middle-school years, with one objective being the reduction of several risk factors that are critical during these years.

Project ALERT

A drug-prevention curriculum for 7th and 8th grade students that includes school-based lessons and a home component to encourage parental involvement.

Project Northland

A comprehensive alcohol-prevention program for middle- and high-school students that includes activities to improve communication between students and their parents about alcohol.

Functional Family Therapy

A family-based program for at-risk and delinquent youth aged 11-18, focusing on preventing and reducing delinquency by improving family relationships and functioning.

Additional risk and protective factors addressed

The programs described here also address one or more of the following risk factors:

- family conflict
- early and persistent antisocial behavior
- academic failure beginning in late elementary school
- friends who engage in the problem behavior
- early initiation of the problem behavior
- community laws and norms favorable to drug use, firearms and crime

...and one or more of these protective factors:

- healthy beliefs and clear standards
- bonding
- opportunities
- skills
- recognition.

The *Communities That Care* system acts as an operating system.

Just as your computer operating system tells your computer how to function and lets you get to the application programs you need, the *Communities That Care* system:

Provides a unifying framework

It organizes the way a community operates—to promote the healthy development of young people.

It brings together a wide range of people, programs and initiatives—to address youth issues in a comprehensive way.

It starts with understanding existing community efforts. Many communities have a history of collaborative efforts. The *Communities That Care* system starts with understanding existing collaborative teams and planning efforts, community structures, data profiles, and programs and activities that address youth issues.

Helps each community meet its unique needs

Just as your computer operating system helps you access the programs you need, the *Communities That Care* system helps communities get to the tested, effective programs, policies and practices they need, based on their assessment of risk, protection and resources.

Many communities have found that one of the greatest strengths of the *Communities That Care* system is the unifying framework it provides for all of the community's activities that focus on the healthy development of young people. One Key Leader described it as "the merging of the parades."

With more than ten years of experience helping communities across the country use the *Communities That Care* system, our researchers and trainers continue to enhance and refine its tools, based on emerging science and hands-on experience.

The *Communities That Care Youth Survey* is a helpful needs-assessment tool.

The survey:

Does more than identify prevalence rates

The *Communities That Care Youth Survey*—for students in grades six through twelve—adds a new dimension to typical alcohol, tobacco and other drug use surveys.

In addition to identifying prevalence rates, it measures a comprehensive set of risk and protective factors that affect a community's adolescent population—factors that impact academic performance and positive youth development, as well as problems that inhibit development. Results from the *Communities That Care Youth Survey* can act as a guide for building stronger communities.

Supports federal funding requirements

The *Communities That Care Youth Survey* can help support activities funded by:

- the Center for Substance Abuse Prevention's State Incentive Grant program
- the Safe and Drug-Free Schools and Communities Act
- the Office of Juvenile Justice and Delinquency Prevention's Drug Free Communities Support Program.

Advantages of the *Communities That Care Youth Survey:*

- **It's easy to administer.** The survey can be completed in one 50-minute class period. Tabulate the results and use them to create a comprehensive report to help guide your prevention efforts.

- **It protects privacy.** All student surveys are completed anonymously and kept strictly confidential. All results are analyzed and presented at the group level. The findings in the report are released only to you.

- **It's research-based.** The *Communities That Care Youth Survey* ensures that your assessment efforts are based on prevention science.

More advantages of the *Communities That Care Youth Survey:*

- **It helps communities focus.** People can put their energy into addressing objectively identified community challenges.

- **It's a valid tool.** Funders are more likely to look positively on needs assessments generated by professionally developed, valid survey instruments.

- **It helps support grant applications**. Grant funders require a thorough assessment of objective data. By administering the *Communities That Care Youth Survey,* you'll have a wealth of accurate information about young people in your community to support your grant applications.

The *Communities That Care Youth Survey* offers a useful report.

The report can be used to help prioritize your community's prevention needs. The standard report includes:

- narrative analysis that objectively and accurately interprets the data

- easy-to-read graphs that present detailed findings.

The report also includes a special section on key outcomes required by some federal grant programs.

The Five Phases

The *Communities That Care* system uses a five-phase process.

Phase One: Getting Started

Involves:

Readiness assessment—to ensure that the community is ready to start the *Communities That Care* process.

Identification—of key individuals and organizations to lead the effort.

Specific tasks of Phase One:

- Define the community to be involved.
- Recruit a Champion (a community leader) to guide the process.
- Assess community conditions, activities and initiatives that may affect readiness.
- Identify building blocks and stumbling blocks.
- Identify community stakeholders who need to be involved.

The *Communities That Care* system involves stakeholders as:

- **Key Leader Board members— the influential community leaders who support and oversee the *Communities That Care* process**

- **Community Board and work group members—the community members who carry out the *Communities That Care* process, reporting to the Key Leader Board**

- **community members who take part in other ways—by attending neighborhood meetings about prevention needs, for example.**

Communities may want to give the Community Board a different name, such as a Youth Development Team or Community Prevention Board.

The *Communities That Care* system provides a framework

so that various parts of the community can work and communicate with each other, build on existing structures, and use data about the community, shared tools and a common language to make important implementation and evaluation decisions.

Phase Two: Organizing, Introducing, Involving

Involves:

Building the coalition of individuals and organizations to involve.

Building on existing initiatives that address health and safety issues.

Specific tasks of Phase Two:

- Involve and educate identified stakeholders.

- Develop a vision for the future of the community's children.

- Put an organizational structure in place to help the community move toward the vision.

Phase Three: Developing a Community Profile

Involves:

Collecting community-specific data.

Constructing a profile from the data
—allowing the community to analyze its unique strengths and challenges.

Specific tasks of Phase Three:

- Collect data on risk factors, protective factors and problem behaviors.

- Analyze the data to determine priority risk and protective factors on which to focus the community's efforts and resources.

- Identify and assess community resources that currently address these priority risk and protective factors.

- Identify any gaps to be filled in existing resources by expanding the resources or implementing new tested, effective approaches.

The *Communities That Care Youth Survey* is strongly recommended to prepare for Phase Three.

As discussed on pages 22-23, this tool helps communities efficiently and easily develop a profile of levels of risk, protection and child well-being across the community.

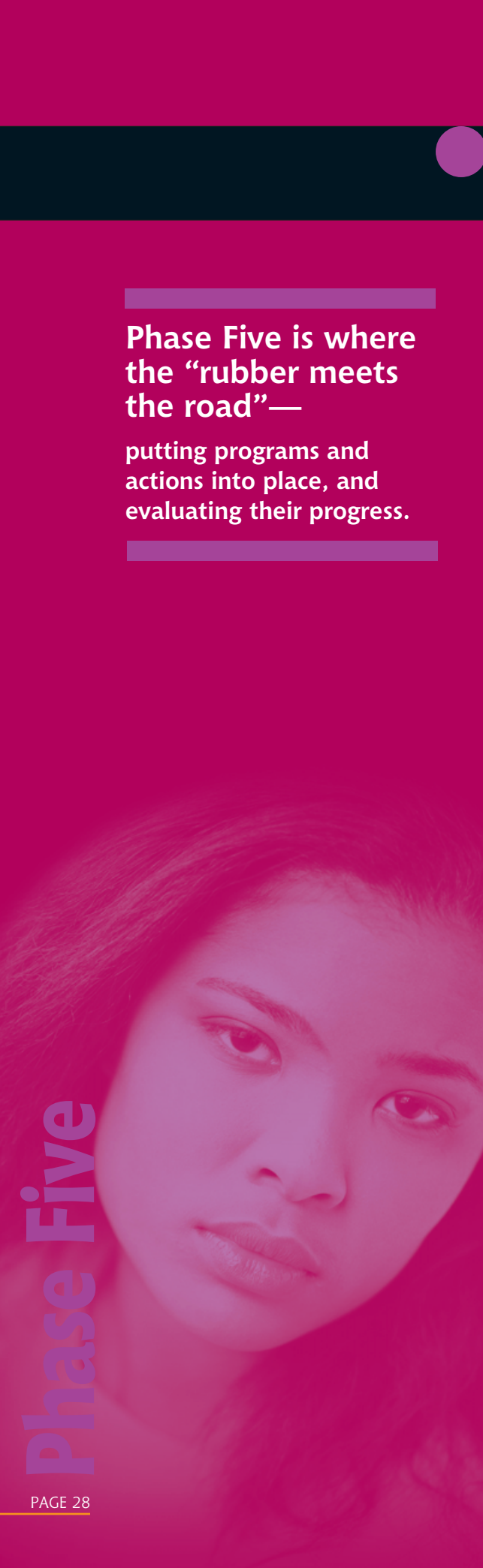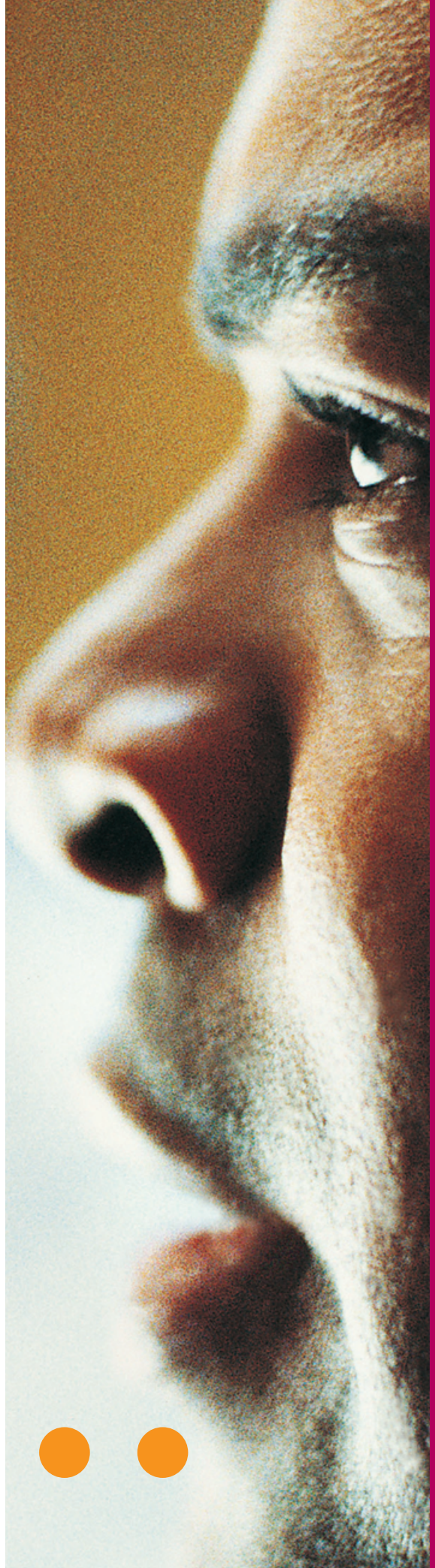# Phase Four: Creating a Community Action Plan

Involves:

Defining clear, measurable desired outcomes
using the risk- and protective-factor profile.

Reviewing tested, effective programs, policies and practices
for reducing prioritized risk factors and enhancing prioritized protective factors.

Creating action plans
for putting new tested, effective programs, policies and practices in place.

Developing an evaluation plan
for collecting and analyzing data to measure progress toward desired outcomes.

Phase Five is where the "rubber meets the road"—

putting programs and actions into place, and evaluating their progress.

Phase Five: Implementing and Evaluating the Community Action Plan

Involves:

Forming task forces
to put each tested, effective program, policy or practice in place.

Identifying policy makers, organizations, service providers and practitioners
to implement the chosen approaches.

Training those implementers
in the chosen approaches.

Building and sustaining collaborative relationships
among organizations and other stakeholder groups that implement the chosen approaches.

Developing information and communication systems
to support the collaboration.

Educating and involving
the entire community.

Evaluating processes and outcomes
for participants.

Evaluating outcomes
for targeted population and community.

Adjusting programming
to meet plan goals.

Celebrating successes.

Milestones and Benchmarks

Milestones and benchmarks help communities to stay on track and be accountable for progress and outcomes.

Milestones are specific goals
to be achieved when implementing the *Communities That Care* system.

Benchmarks are steps
that can be taken to achieve milestones.

Milestones and benchmarks are used as a:

planning tool—to decide what needs to happen in the planning process

checklist—to ensure that all appropriate steps are taken

assessment and evaluation tool—to identify changes or technical assistance needs.

Milestones and benchmarks can be changed to meet specific community or state requirements.

Training and technical assistance

can help your community achieve the complete set of milestones and benchmarks.

Milestones and benchmarks for each phase

of the *Communities That Care* process are in *Tools for Community Leaders: A Guidebook for Getting Started.*

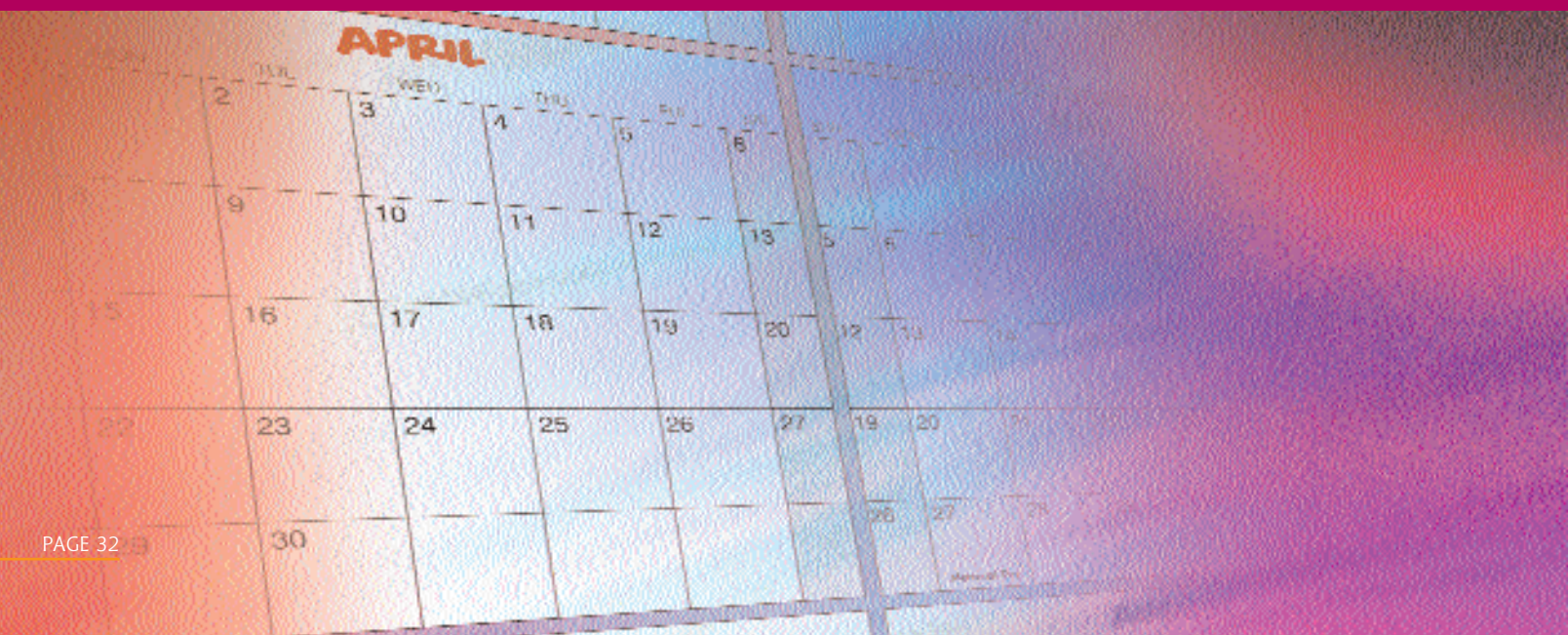| Phase	Milestones	Training and Technical Assistance
Phase One: Getting Started	• Organize the community to begin the *Communities That Care* process. • Define the scope of the prevention effort. • Identify community readiness issues. • Analyze and address community readiness issues, or develop a plan for addressing them. • The community is ready to move to Phase Two: Organizing, Introducing, Involving.	Strategic Consultation *Investing in Your Community's Youth: An Introduction to Communities That Care* *Tools for Community Leaders: A Guidebook for Getting Started*
Phase Two: Organizing, Introducing, Involving	• Engage Key Leaders (positional and informal). • Develop a Community Board to facilitate assessment, prioritization, selection, implementation and evaluation of tested, effective programs, policies and practices. • Educate and involve the community in the *Communities That Care* process. • The community is ready to move to Phase Three: Developing a Community Profile.	Key Leader Orientation Community Board Orientation Technical Assistance
Phase Three: Developing a Community Profile	• The Community Board has the capacity to conduct a community assessment and prioritization. • Collect community assessment information and prepare it for prioritization. • Prioritize populations or geographic areas for preventive action, based on risk- and protective-factor data. • Identify priority risk and protective factors. • Conduct a resource assessment and gaps analysis. • The community is ready to move to Phase Four: Creating a Community Action Plan.	Community Assessment Training Community Resources Assessment Training Technical Assistance

Phase	Milestones	Training and Technical Assistance
Phase Four: Creating a Community Action Plan	● The Community Board has the capacity to create a focused Community Action Plan. ● Specify the desired outcomes of the plan, based on the community assessment data. ● Select tested, effective programs, policies and practices to address priority risk and protective factors and fill gaps. ● Develop implementation plans for each program, policy or practice selected. ● Develop an evaluation plan. ● Develop a written Community Action Plan. ● The community is ready to move to Phase Five: Implementing and Evaluating the Community Action Plan.	Community Planning Training Technical Assistance
Phase Five: Implementing and Evaluating the Community Action Plan	● Specify the role of the Key Leader Board, Community Board and stakeholder groups in implementing and evaluating the plan. ● Implementers of new programs, policies or practices have the necessary skills, expertise and resources to implement with fidelity. ● Implement new programs, policies and practices with fidelity. ● Conduct program-level evaluations at least annually. ● Conduct community-level assessments at least every two years. ● Share and celebrate observed improvements in risk and protective factors and child and adolescent well-being.	Community Plan Implementation Training Technical Assistance

Based on experience, the following is a "typical" time line for the five phases of the *Communities That Care* process. While the time line shows distinct periods for each phase, time periods may overlap or vary greatly depending on your community's needs.

Communities That Care Time Line

Phases

1 Getting Started

2 Organizing, Introducing, Involving

3 Developing a Community Profile

4 Creating a Community Action Plan

5 Implementing and Evaluating the Community Action Plan

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |

Months

Assessing the Effectiveness of the System

Since 1990, hundreds of communities across the United States, as well as in the United Kingdom, the Netherlands and Australia, have used the *Communities That Care* system.

Evidence of effectiveness has been collected by communities and state and federal agencies supporting local programs.

The *Communities That Care* system has been shown to:

- improve the quality of community planning and decision making for positive youth development and prevention of adolescent health and behavior problems, such as alcohol and other drug use, delinquency, dropping out of school, teen pregnancy and violence

- lead to increased use of tested, effective prevention approaches.

Communities That Care

Improving the quality of community planning and decision making

Several evaluations address this area of effectiveness.

Findings from a process evaluation of the *Communities That Care* model, funded by the Center for Substance Abuse Prevention (CSAP)

- Multiple communities can be effectively mobilized using the *Communities That Care* system.

- With sufficient training, diverse community boards can collect and analyze risk- and protective-factor data, and use that data to select and implement research-based strategies that will address their community's unique profile.

(Harachi, Ayers, Hawkins, Catalano & Cushing, 1996)

Findings from a General Accounting Office (GAO) report to Congress

- 90% of Title V communities employed two or more "Promising Approaches" (programs that have research evidence of effectiveness).

- 78% of projects reported using multiple approaches to address multiple risk factors in three or more domains, as advocated by the *Communities That Care* model.

(U.S. General Accounting Office, 1996)

A recent study of communities implementing the *Communities That Care* system

found that training of community leaders in science-based prevention predicts greater adoption of science-based prevention programming.

(Arthur, Glazer & Hawkins, in press)

Findings from evaluations by the Office of Juvenile Justice and Delinquency Prevention (OJJDP)

The *Communities That Care* operating system was used as the framework for OJJDP's Title V Delinquency Prevention Program. In its Report to Congress, OJJDP provides quantitative and qualitative data on the *Communities That Care* system in Title V subgrantee communities. Positive outcomes documented in the report include:

1) improved interagency collaboration

2) reduced duplication of services

3) coordinated allocation of resources

4) increased leveraging of resources for prevention programming

5) targeting of prevention activities to priority risk and protective factors, resulting in a more strategic approach

6) increased use of research-based "Promising Approaches" that have demonstrated effectiveness

7) increased involvement of professionals, citizens and youth in community prevention activities.

(Office of Juvenile Justice and Delinquency Prevention, 1996)

Michigan

A *Communities That Care* coordinator states that the *Communities That Care* system has "made our community into a big quilt: Community members and agencies working with youth are the patches, and the Prevention Policy Board is the quilter who stitches the patches together" (Office of Juvenile Justice and Delinquency Prevention, 1996, p. 20).

DeKalb County, Georgia

In DeKalb County, Georgia, "*Communities That Care* training events have taught us the fundamentals of community organization and how to use research-based tools to make objective decisions, select priority risk factors, and identify resources and resource gaps. We are now in a better position to develop a comprehensive plan to improve the lives of our children" (Gloria G. Leslie, Administrative Program Manager, Juvenile Court of DeKalb County, Georgia, 2002).

LaCrosse, Wisconsin

The *Communities That Care* prevention team identified three overlapping initiatives: the Hmong Mutual Assistance Association; the Serious Habitual Offenders Comprehensive Action Program; and a community-based mentoring/tutoring program. By building on the shared objectives of these three programs, the team:

- reduced duplication of efforts and enhanced prevention services
- reduced county delinquency referrals to juvenile court by 8%, county Child Protective Service referrals by 10%.

(Office of Juvenile Justice and Delinquency Prevention, 1996, p. 26)

Blair County, Pennsylvania

A County Commissioner for over 18 years had this to say: "The *Communities That Care* system has provided a very useful methodology for decision making when it comes to prevention services. It is reassuring to know that the money we expend will have a positive impact, since we are implementing research-proven programs selected specifically to reduce our community's risk factors and increase our protective factors" (Donna D. Gority, County Commissioner, Blair County, Pennsylvania, 2002).

Positive effects on risk and protective factors for adolescent health and behavior problems

Because the *Communities That Care* system involves tailoring a prevention strategy to each community, evaluating long-term outcomes is complex.

However, local data show positive trends in risk and protective factors, and reduction in problem behaviors, in some communities (Office of Juvenile Justice and Delinquency Prevention, 1997; Jenson et al., 1997).

An outcome evaluation of the *Communities That Care* system is currently underway at the University of Washington's Social Development Research Group. The study is funded by the National Institute on Drug Abuse, with funding support from the Center for Subtance Abuse Prevention, the National Cancer Institute, the National Institute of Mental Health and the National Institute of Child Health and Human Development.

" Never doubt that a small group of thoughtful, committed citizens can change the world. "

Margaret Mead

Buchanan County, Missouri

During the 1996-1997 school year, the county's comprehensive prevention strategy showed positive trends in its priority risk factors of early and persistent antisocial behavior, academic failure and low commitment to school:

- **81% of students in the program raised failing grades to passing grades in two or more core subjects.**
- **Truancy decreased by 78%, tardiness by 62%, the number of school discipline notices by 31%, and juvenile crime and vandalism in the school district by 33%.**

(Office of Juvenile Justice and Delinquency Prevention, 1997)

Further Reading

Arthur, M.W., Glaser, R.R., & Hawkins, J.D. (in press). Community adoption of science-based prevention programming. In R.D.V. Peters, B. Leadbeater & R.M. McMahon (Eds.), *Resilience in children, families and communities: linking context to practice and policy.* New York: Kluwer Academic/Plenum.

Catalano, R.F., & Hawkins, J.D. (1996). The social development model: A theory of antisocial behavior. In J.D. Hawkins (Ed.), *Delinquency and crime: Current theories* (pp. 149-197). New York: Cambridge University Press.

Fremont County Build A Generation (1998). *Comprehensive Prevention Plan.* Fremont County, Colorado: Author.

Harachi, T.W., Ayers, C.D., Hawkins, J.D., Catalano, R.F., & Cushing, J. (1996). Empowering communities to prevent adolescent substance abuse: Process evaluation results from a risk- and protection-focused community mobilization effort. *The Journal of Primary Prevention, 16*(3), 233-254.

Hawkins, J.D. (1999). Preventing crime and violence through *Communities That Care. European Journal on Criminal Policy and Research, 7*, 443-458.

Hawkins, J.D., Arthur, M.W., & Catalano, R.F. (1995). Preventing substance abuse. In M. Tonry & D. Farrington (Eds.), *Building a safer society: Strategic approaches to crime prevention: Vol. 19. Crime and Justice: A Review of Research* (pp. 343-427). Chicago: University of Chicago Press.

Hawkins, J.D., Catalano, R.F., & Miller, J.Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112*(1), 64-105.

Jenson, J., Hartman, J., & Smith, J. (1997). *An evaluation of Iowa's Juvenile Crime Prevention Community Grant Fund Program.* University of Iowa, School of Social Work.

Office of Juvenile Justice and Delinquency Prevention (1996). *1996 Report to Congress: Title V Incentive Grants for Local Delinquency Prevention Programs.* Washington, D.C.: Author.

Office of Juvenile Justice and Delinquency Prevention (1997). *1997 Report to Congress: Title V Incentive Grants for Local Delinquency Prevention Programs.* Washington, D.C.: Author.

Pollard, J.A., Hawkins, J.D., & Arthur, M.W. (1999). Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? *Social Work Research, 23*(3), 145-158.

U.S. General Accounting Office (1996). *Juvenile Justice: Status of Delinquency Prevention Program and Description of Local Projects* (Report to the Committee on the Judiciary, U.S. Senate, and the Committee on Economic and Educational Opportunity, House of Representatives GAO/GGD-96-147). Washington, D.C.: Author.

The *Communities That Care* system and the *Communities That Care Youth Survey*

The Communities That Care system offers science-based, proven-effective products and programs that address today's compelling issues, such as smoking prevention and cessation, substance use prevention,
youth violence and school success.

Behind every product and program the mission remains unchanged:

> To strengthen individuals, families and communities by reinforcing healthy behaviors and commitment to positive social values.

"Communities That Care

is a perfect platform for allowing communities to come together in an objective, scientific way—without finger pointing. It is truly a bipartisan, apolitical process that results in better, healthier communities that help children grow up with more hope, more opportunity and better outcomes. **"**